

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001474

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 411

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 28 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If outside, give location) 5842 Park	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Bertha May Armstrong			4. DATE OF DEATH Month Day Year January 23, 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1885	9. AGE (last birthday) 76 66	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Board Operator		10b. KIND OF BUSINESS OR INDUSTRY Research Hospital		11. BIRTHPLACE (City and state or country) Pleasant Green, Mo.	
13a. FATHER'S NAME (Unknown) Willis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE David D. Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			17. INFORMANT Mr. Evan W. Suggs		
			Address 5842 Park		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. Enter WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Dis. 8 yrs		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. cholelithiasis & cholelithiasis?		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1953 to Jan 23 1962 and last saw her alive on Jan 23, 1962	
Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Deceased or title) Mellody McGilley-Eylar		22b. ADDRESS Avalon Bldg K.C., Mo.		22c. DATE SIGNED 1/24/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-26-62	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 1-24-62		26. REGISTRAR'S SIGNATURE Ruth Long
ADDRESS Woodland				

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

2-5-62

INSTEAD OF

May 24, 1885 76 yrs.

SHOULD READ

May 24, 1895 66 yrs.

DOCUMENT Bible Record.

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

C. Layton

Dr. Ira Layton
Argyle Bldg.
Rm 2-8227

Wed. - 11:00 to 4:00 P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Kachlem

Licensed Embalmer No. *MO 4573*

P. O. Address *Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.